IDAHO DEPARTMENT OF
HEALTH & WELFARE

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May 13, 2010

Dallas Clinger, Administrator
Harms Memorial Hospital
PO Box 420
American Falls, Idaho 83211

RE: Harms Memorial Hospital, Provider ID# 131304

Dear Mr. Clinger:

This is to advise you of the findings of the Medicare/Licensure Fire Life Safety Survey, which was concluded at Harms Memorial Hospital, on May 7, 2010.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicare deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. **It is important that your Plan of Correction address each deficiency in the following manner:**

1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;

2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;

3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;

4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,

5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **May 26, 2010**, and keep a copy for your records.

Thank you for the courtesies extended to us during our visit. If we can be of any help to you, please call our office at (208) 334-6626.

Sincerely,

For

TAYLOR BARKLEY
Health Facility Surveyor
Facility Fire Safety and Construction Program

TB/lj

Enclosure

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	131304	A. BUILDING 01 - ENTIRE HOSPITAL B. WING _____	05/07/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HARMS MEMORIAL HOSPITAL	510 ROOSEVELT STREET AMERICAN FALLS, ID 83211

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
K 000	INITIAL COMMENTS The hospital portion of the building occupies the west wings of both the lower and upper levels of the structure. The original building's construction was completed in early 1961 and consisted of the lower level east wing nursing facility and the lower level and upper level hospital portions. A two level addition was completed in early 1967 extending the upper level hospital patient wing to the east. The nursing facility was extended into the upper level east wing sleeping rooms in the Fall of 1987. Both the existing and addition building construction elements are fire resistive. Wall construction varies depending upon location and is either concrete block; concrete; concrete w/brick veneer; and /or , 4"/6" metal studs w/lath & plaster. Supporting beams are combination steel w/fire proofing and/or concrete. The floor/ceiling assembly between the lower and upper levels consists of steel joist with 5/8" gyp on steel channel below and metal decking and poured concrete flooring above. The roof assembly is steel joists with lath/plaster attached to the underside of a metal deck with poured concrete above. There are a total of three (3) exits from the lower level of the hospital portion; two (2) directly to the exterior; and, a third through the nursing facility on the east wing. From the upper level, there are three (3) exits to the exterior and a fourth fourth through the nursing facility east wing to an enclosed stairway. There is also a direct exit to the exterior from the Emergency Suite Suite and one directly to the exterior from the former surgery service core. The building is provided with a fire alarm system with off site monitoring and system smoke detection in the exit access corridors. Portable fire extinguishers are provided and are multipurpose ABC. Emergency power and lighting are provided by a diesel powered automatic on-site automatic generator. The	K 000	RECEIVED JUN 01 2010 FACILITY STANDARDS	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

CEO/ADMINISTRATOR 27 MAY 2010

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14

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K 000	Continued From page 1 lighting are provided by a diesel powered automatic on-site automatic generator. The building is Type 2 (000) construction and is currently licensed for 10 beds. The following deficiencies were cited at the above facility during the annual Fire/Life Safety survey conducted on May 7, 2010. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Existing Health Care Occupancy, adopted 11 March, 2003. In accordance with 42 CFR 485.623. The Survey was conducted by: Taylor Barkley, Health Facility Surveyor Facility Fire safety and Construction	K 000		
K 050	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 This Standard is not met as evidenced by: Based on record review it was determined that the facility failed to ensure that fire drills were conducted at least quarterly on each shift. The	K 050	**K050 NFPA LIFE SAFETY CODE STANDARD** **CORRECTIVE ACTIONS** To ensure that the hospital staff receives sufficient training in handling fire emergencies, drills will be planned and scheduled in advance with the administrator and the Safety Officer. The fire drill schedule will be scheduled at least 6 (six) months in advance and will be reviewed by the administrator for randomness and to assure that each shift has a drill	**30June10**

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K 050	Continued From page 2 facility had a census of three patients on the day of the survey. Findings include: An examination of the facility's fire drill records on May 7, 2010 at 8:57 AM, revealed that there was no documentation for a first shift drill during the first quarter, a third shift drill during the second quarter, and a second shift drill during the third quarter having been conducted during the previous twelve months. All findings were witnessed by the Surveyor and the Maintenance Supervisor. This deficiency affected all staff and patients present on the day of the survey. Actual NFPA Standard NFPA 101 - 2000 Edition, Chapter 19 Existing Health Care Occupancies 19.7.1.2* Fire drills in health care occupancies shall include the transmission of a fire alarm signal and simulation of emergency fire conditions. Drills shall be conducted quarterly on each shift to familiarize facility personnel (nurses, interns, maintenance engineers, and administrative staff) with the signals and emergency action required under varied conditions. When drills are conducted between 9:00 p.m. (2100 hours) and 6:00 a.m. (0600 hours), a coded announcement shall be permitted to be used instead of audible alarms. Exception: Infirm or bedridden patients shall not be required to be moved during drills to safe areas or to the exterior of the building.	K 050	quarterly. Only the administrator and the Safety Officer will be informed of the scheduled drills. **IDENTIFY HARMFUL POTENTIAL** Corrective action will help to protect all residents, patients, staff and guests. **MEASURES TO ENSURE THAT PRACTICES DO NOT RECUR** By having the administrator and the Safety Officer working together and planning together and the Safety Committee reviewing the reports of the fire drills, failure to hold a required drill will be diminished. **MONITORING COMPLIANCE** To ensure that drills are being conducted as scheduled, copies of each drill will be given to the administrator and reviewed in the safety committee meeting on a quarterly basis.	
K 064	NFPA 101 LIFE SAFETY CODE STANDARD	K 064		

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K 064	Continued From page 3 Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10 This Standard is not met as evidenced by: Based on observation the facility did not ensure that portable fire extinguishers were being checked on a monthly basis. The facility had a census of three patients on the day of the survey. Findings include: During the tour of the facility on May 7, 2010 between the hours of 8:40 AM and 10:30 AM, observation of the portable fire extinguishers revealed that they were not being checked on a monthly basis or being signed off on the affixed tag. This was observed by the Surveyor and the Maintenance Supervisor. This deficiency affected all staff and patients present on the day of the survey. Actual Code Reference NFPA 101 - 2000 Edition Chapter 19 Existing Healthcare Occupancies 19.3.5.6 Portable fire extinguishers shall be provided in all health care occupancies in accordance with 9.7.4.1. 9.7.4.1 Where required by the provisions of another section of this Code, portable fire extinguishers shall be installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. NFPA 10	K 064	**K064 NFPA LIFE SAFETY CODE STANDARD** **CORRECTIVE ACTIONS** Review of our procedure indicated that this was an oversight on the part of the maintenance staff and not a routine practice. The maintenance staff will perform a monthly check on all fire extinguishers in the facility. Additionally, during the month of August an outside agency will check and maintain the fire extinguishers. Refer to copy of the contract with the outside agency. **IDENTIFY HARMFUL POTENTIAL** Corrective action will help to protect all residents, patients, staff and guests. **MEASURES TO ENSURE THAT PRACTICES DO NOT RECUR** To ensure that the fire extinguishers are checked monthly, the maintenance supervisor will conduct spot checks of at least 10 extinguishers to ensure that they were inspected during the month.	**30June10**

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K 064	Continued From page 4 4-3 Inspection. 4-3.1* Frequency. Fire extinguishers shall be inspected when initially placed in service and thereafter at approximately 30-day intervals. Fire extinguishers shall be inspected at more frequent intervals when circumstances require.	K 064	**MONITORING COMPLIANCE** To ensure that the fire extinguishers are checked on a monthly basis, the safety committee will include this as an item at its regularly scheduled meeting.	
K 069	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 This Standard is not met as evidenced by: Based on record review it was determined that the facility failed to ensure the cooking operation was in compliance with the provisions of NFPA 96 Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations. The facility had a census of three patients on the day of the survey. An examination of the facility's kitchen hood suppression system records on May 7, 2010 at 9:10 AM, revealed that the only documented system service was conducted in February 2010, during the previous twelve months. All findings were witnessed by the Surveyor and the Maintenance Supervisor. This deficiency affected all staff and patients present on the day of the survey. Actual Code Reference NFPA 96 - 1998 Edition 11.2 Inspection of Fire-Extinguishing Systems 11.2.1 An inspection and servicing of the fire-extinguishing system and listed exhaust	K 069	**K069 NFPA LIFE SAFETY CODE STANDARD** **CORRECTIVE ACTIONS** The range hood was cleaned, serviced and inspected on 10Feb10 to be in compliance with the semi-annual standards. Additionally, a new contract between Harms Memorial Hospital District and Fire Service of Idaho, Inc. was initiated to include inspecting and servicing the facility's range hood suppression system two times per year. This inspection will take place in the spring and fall. A contract with Taylor Brothers was initiated to clean the exhaust system in the facility's kitchen. Please see K069 Exhibit 1 that has been attached. **IDENTIFY HARMFUL POTENTIAL**	**30June10**

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K 069	Continued From page 5 hoods containing a constant or fire-actuated water system shall be made at least every 6 months by properly trained and qualified persons.	K 069	Corrective action will help to protect all residents, patients, staff and guests. **MEASURES TO ENSURE THAT PRACTICES DO NOT RECUR** The maintenance staff will ensure that inspections, cleanings and services are performed on a timely basis. **MONITORING COMPLIANCE** See attached contracts with Fire Services of Idaho, Inc. and Taylor Brothers.	
K 130	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This Standard is not met as evidenced by: Based on observation, it was determined that the facility failed to ensure electrical wiring and equipment is in accordance with NFPA 99, Standard for Health Care Facilities. The facility had a census of three patients on the day of the survey. Findings include: During the facility tour on May 7, 2010 at 9:30 AM, observation of the second floor Central Supply room revealed a multiple electrical adapter in use. This was observed by the Surveyor and the Maintenance Supervisor. This deficiency affected three staff and and three patients in one of two smoke compartments. Actual Code Reference NFPA 99 - 1999 Edition 3-3.2.1.2 All Patient Care Areas. (d) 2. Minimum Number of Receptacles. The number of receptacles shall be determined by the intended use of the patient care area. There shall be sufficient receptacles located so as to avoid the need for extension cords or multiple outlet adapters.	K 130	**K130 NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY** **CORRECTIVE ACTIONS** All power strips will be removed and additional outlets will be installed as needed to accommodate the medical equipment stored in the central supply room. **IDENTIFY HARMFUL POTENTIAL**	**30June10**

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K 130	Continued From page 6	K 130	**MEASURES TO ENSURE THAT PRACTICES DO NOT RECUR** Maintenance staff will periodically do a walk through inspection of the facility to look for areas of concern. **MONITORING COMPLIANCE** Maintenance staff will monitor the compliance of this deficiency.	

Bureau of Facility Standards

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B 000	16.03.14 Initial Comments The hospital portion of the building occupies the west wings of both the lower and upper levels of the structure. The original building's construction was completed in early 1961 and consisted of the lower level east wing nursing facility and the lower level and upper level hospital portions. A two level addition was completed in early 1967 extending the upper level hospital patient wing to the east. The nursing facility was extended into the upper level east wing sleeping rooms in the Fall of 1987. Both the existing and addition building construction elements are fire resistive. Wall construction varies depending upon location and is either concrete block; concrete; concrete w/brick veneer; and /or , 4"/6" metal studs w/lath & plaster. Supporting beams are combination steel w/fire proofing and/or concrete. The floor/ceiling assembly between the lower and upper levels consists of steel joist with 5/8" gyp on steel channel below and metal decking and poured concrete flooring above. The roof assembly is steel joists with lath/plaster attached to the underside of a metal deck with poured concrete above. There are a total of three (3) exits from the lower level of the hospital portion; two (2) directly to the exterior; and, a third through the nursing facility on the east wing. From the upper level, there are three (3) exits to the exterior and a fourth fourth through the nursing facility east wing to an enclosed stairway. There is also a direct exit to the exterior from the Emergency Suite Suite and one directly to the exterior from the former surgery service core. The building is provided with a fire alarm system with off site monitoring and system smoke detection in the exit access corridors. Portable fire extinguishers are provided and are multipurpose ABC. Emergency power and lighting are provided by a diesel powered automatic on-site automatic generator. The	B 000	RECEIVED JUN 01 2010 FACILITY STANDARDS	

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CEO/ADMINISTRATOR 27 MAY 2010

Bureau of Facility Standards

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B 000	Continued From Page 1 building is Type 2 (000) construction and is currently licensed for 10 beds. The following deficiencies were cited at the above facility during the Fire/Life Safety survey conducted on May 7, 2010. The facility was surveyed in accordance with IDAPA 16.03.14 Rules and Minimum Standards for Hospitals in Idaho. The Survey was conducted by: Taylor Barkley, Health Facility Surveyor Facility Fire Safety and Construction	B 000		
BB161	16.03.14.510 Fire and Life Safety Standards Buildings on the premises used as a hospital shall meet all the requirements of local, state, and national codes concerning fire and life safety that are applicable to hospitals. General Requirements. General requirements for the fire and life safety standards for a hospital are that: The hospital shall be structurally sound and shall be maintained and equipped to assure the safety of patients, employees, and the public. On the premises of all hospitals where natural or man-made hazards are present, suitable fences, guards, and railings shall be provided to protect patients, employees, and the public. This Rule is not met as evidenced by: Refer to the following deficiencies cited on federal form 2567: K50 Fire Drills K64 Monthly checks of the portable Fire Extinguishers	BB161	**BB161 16.03.14.510 FIRE AND LIFE SAFETY STANDARD** K050 Fire Drills Please see documentation for citation K050 on page 2 of 7 on form CMS-2567. K064 Monthly checks of the portable Fire Extinguishers Please see documentation for citation K064 on page 4 of 7 on form CMS-2567	**30June10**

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BB161	Continued From Page 2 K69 Bi-Annual service of the kitchen hood suppression system K130 Multiple electrical adapter	BB161	K069 Bi-Annual service of the kitchen hood suppression system Please see documentation for citation K069 on page 5 of 7 on form CMS-2567 K130 Multiple electrical adapter Please see documentation for citation K130 on page 6 of 7 on form CMS-2567	